



OFFICE OF THE SECRETARY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
301 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • Area Code 301 • 383-2517

Neil Solomon, M.D., Ph.D., Secretary

August 10, 1973

**TO: All Physical Therapists
Licensed in the State of Maryland
Who are in Independent Practice**

Sir:

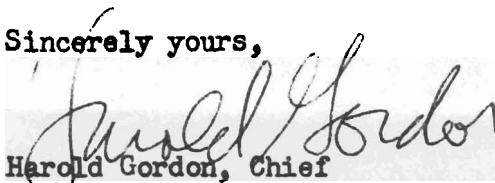
The 1972 Amendments expanded coverage of outpatient physical therapy services under Title XVIII to include the services of a physical therapist in independent practice when the services are furnished in the therapist's office or in the Medicare beneficiary's residence. The patient must be under the care of a physician and the services must be furnished under a plan of treatment. Payment for the reasonable charges for the covered services, less coinsurance and any deductible amounts due, may be made either to the beneficiary or, on assignment, directly to the physical therapist. Such reimbursement will be based on not more than \$100 of incurred expenses in a calendar year.

The Department of Health, Education, and Welfare is now preparing regulations specifying the health and safety standards which physical therapists must meet to qualify for reimbursement under this provision of the law. Proposed regulations relating to licensure, education and training requirements, and the definition of independent practice have already been published. However, to assure that beneficiaries in need of such services will have them available beginning July 1, 1973, reimbursement will be made prior to the issuance of all regulations, subject to being discontinued if the therapist fails to comply with the effective regulations when issued. We anticipate that complete regulations will be issued within the next few months.

If you desire to participate in the Medicare program as a physical therapist in independent practice, please complete the enclosed form and return it to this office as soon as possible. Once you are tentatively identified as a physical therapist in independent practice, you will be sent information concerning reimbursement procedures.

Regulations to be published in the future will set forth health and safety standards to which you must adhere in order to qualify for continued reimbursement for outpatient physical therapy services. This State agency will have the responsibility for pursuing whatever action is required to determine compliance with regulations and certifying findings to the Secretary of Health, Education, and Welfare, who will make the decision as to whether you qualify for continued reimbursement under the regulations.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Harold Gordon", is written over a light-colored rectangular background.

Harold Gordon, Chief
Division of Licensing and Certification

HG:mq

Enclosure

MARYLAND LICENSED PHYSICAL THERAPIST IN INDEPENDENT PRACTICE

QUESTIONNAIRE

1. Name:

2. Home Address:

Business Address(es):

3. Social Security Number:

4. Current Physical Therapy License:

State: _____

License Number: _____

5. Do you meet one of the following Medicare qualifications? If yes, mark the appropriate statement. (See attached regulations.)

a. Graduation from an approved school of physical therapy.

b. Prior to 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists.

c. Graduation, prior to 1966, from a 4-year physical therapy curriculum approved by a State department of education.

d. Passed the Proficiency Examination sponsored by the Public Health Service.

e. Met the requirement of having 15 years of full-time experience as a physical therapist.

f. Meet the foreign trained requirements.

6. Did you, for the past tax year (1972), as an independently practicing physical therapist, file a Schedule "C" (Profit or Loss from Business or Profession) as part of your Federal Tax Return? Yes No

If no, please explain: _____

7. Independent Practice:

a. Do you render physical therapy services on your own responsibility, free of administrative and professional control of an employer? Yes No

If no, please explain: _____

b. Are the individuals you treat your own patients? Yes No

If no, please explain: _____

c. Do you have the right to collect the fee or other compensation for the services you render? Yes No

If no, please explain: _____

d. Do you maintain at your own expense an office or office space and equipment for providing physical therapy services? Yes No

If no, please explain: _____

Date

Signature

PLEASE RETURN COMPLETED FORM TO:

Division of Licensing and Certification
Department of Health & Mental Hygiene
301 West Preston Street
Baltimore, Maryland 21201

Attention: Medicare Review & Certification Unit

Qualified Physical Therapist Under Medicare

A person who is licensed as a physical therapist by the State in which practicing; and

(a) Has graduated from a physical therapy curriculum approved by The American Physical Therapy Association; or by the Council on Medical Education and Hospitals of the American Medical Association, or jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; or

(b) Prior to January 1, 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists, or has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education; or

(c) Has 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service except that such determinations of proficiency will not apply with respect to persons initially licensed by a State or seeking qualification as a physical therapist after December 31, 1977; or

(d) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring physicians; or

(e) If trained outside the United States, was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation of Physical Therapy, meets the requirements for membership in a member organization of the World Confederation for Physical Therapy, has 1 year of experience under the supervision of an active member of the American Physical Therapy Association, and has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

Physical Therapist in Independent Practice

① He renders services on his own responsibility and ^② is free of the administrative and professional control of an employer; ^③ the individuals he treats are his own patients and ^④ he has the right to collect the fee or other compensation for the services he renders; ^⑤ he maintains at his own expense an office or office space and the necessary equipment to provide an adequate program of physical therapy; ^⑥ and he is engaged in such practice on a regular basis.